

# **Healthy, Hunger-Free Kids Act of 2010: Context, Analysis, and Recommendations**

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## **Summary**

Healthy, Hunger-Free Kids Act of 2010: Context, Analysis, and Recommendations evaluates the impact of the 2010 legislation, which aims to improve child nutrition and combat childhood obesity. Particular strengths and weaknesses, as they relate to distributive justice, are emphasized, and ways to address the act's current shortcomings are discussed.

## **Introduction to Issue**

Lifestyles in the United States changed dramatically as a result of development and industrialization. No longer needing to walk everywhere or harvest their own food, Americans became accustomed to a fast-paced, modern life, and this change created new norms, such as a growing reliance and acceptance of fast and processed foods. Although convenient and compatible with this new lifestyle, these trends also had various unforeseen consequences. In particular, this reliance on fast and processed foods increased domestic rates of poor nutrition and obesity among children (Bowman, S. A., Gortmaker, S. L., Ebbeling, C. B., Pereira, M. A., & Ludwig, D. S. 2004).

Having recognized the consequences of these poor nutritional trends, the United States attempted to prevent and counteract them. This paper in particular will explore The Healthy, Hunger-Free Kids Act of 2010 (HHFKA), one attempt to improve nutrition and decrease obesity in adolescents.

## ***Affected Population***

While recent dietary trends affect the United States' population as a whole, undernutrition and obesity are significantly more prevalent among particular populations such as

children. In early studies as many as “12 million American children consumed diets that were significantly below the recommended allowances of nutrients” (Brown & Pollitt, 1996, p. 38), and since this study, “adolescent overweight prevalence rates have more than tripled” (Story, Kaphingst, & French, 2006, p. 110). Thus, not only are undernutrition and obesity prevalent among American children, but they are also affecting a growing number of kids.

Some children, due to additional disadvantaged statuses, face an even higher likelihood of undernutrition and obesity. While children in general are largely affected by these conditions, minority and low-income children have a significantly higher risk of experiencing these conditions due to their inability to access and/or afford nutritional food (Anderson & Butcher, 2006, p. 23).

### ***Consequences***

Although critics of HHFKA might argue childhood undernutrition and obesity are short-term problems, the consequences of such conditions are severe and impactful. Undernutrition can significantly hinder a child’s ability to perform in school because it diminishes attention spans and “hinder[s] intellectual performance into adulthood” (Brown & Pollitt, 1996, p. 42). Likewise, an overweight child is more likely to have high blood pressure and high cholesterol (risk factors for cardiovascular disease), joint problems, low self-esteem, and psychological problems such as anxiety and depression; overweight children are also significantly more likely to be overweight adults (“Childhood Obesity Causes”).

As a result of these consequences, childhood undernutrition and obesity have the potential to alter the rest of a child’s life (Brown & Pollitt, 1996, p. 38), thus undermining the child’s ability to reach his or her full potential.

## **Current Policy Provisions**

With schools accessing an estimated “95% of children and adolescents nationwide” (Kubik, Lytle, Hannan, Perry, & Story, 2003, p. 1168), HHFKA chose schools as a medium to promote healthy eating. By regulating “the foods that are available, nutritional policies, school nutrition and health curricula, and teacher and peer modeling” (Taylor, Evers, & McKenna, 2005, p. 522), HHFKA influences a majority of the nation’s youth on a regular basis.

### ***Eligibility***

With numerous forms and requirements, earlier meal programs, such as National School Lunch, failed to aid many qualifying families (Zee, Walters, & Mitchell, 1970, p. 741). In response, HHFKA aims to increase the number of those eligible for school meals while decreasing the work required to receive these benefits. Traditionally, eligibility for National School Lunch and similar programs was income-based, but with HHFKA, there are new circumstances that exempt a child from such guidelines. Under HHFKA, foster children are automatically eligible. Additionally, the act also introduces “community eligibility,” which provides universal school meals to any community with 40+ percent of students already entitled to free meals (“HEALTHY, HUNGER-FREE KIDS ACT,” 2011), ultimately “equalizing” communities where one student might be ineligible by a miniscule amount. HHFKA also improves eligibility by eliminating some obstacles to the program, such as removing the need for paper applications and making it so free school meals “require no action on the part of a child’s household” (“S. 3307,” 2010).

With such measures, it is estimated the act increased the number of eligible children by 115,000 students (“CHILD NUTRITION REAUTHORIZATION”).

### ***Benefits and Delivery***

The Healthy, Hunger-Free Kids Act of 2010 covers a variety of food and nutrition related programs such as the National School Lunch Program, the School Breakfast Program, the Special Food Service Program, the Special Supplemental Nutrition Program for Women, Infants and Children, the Summer Food Service Program, the Afterschool Meal Program, the Supplemental Nutrition Assistance Program Education, and the Child and Adult Care Food Program.

While a majority of the benefits covered through this act are meals and snacks provided directly to students during and before the school day, the Special Supplemental Nutrition Program for Women, Infants, and Children has its own provision within the act, mandating by 2020, WIC benefits “be distributed through an Electronic Benefits Transfer system” (“HEALTHY, HUNGER-FREE KIDS ACT,” 2011).

### ***Funding***

The Healthy, Hunger-Free Kids Act of 2010 includes \$4.5 billion in new funding for its programs (“CHILD NUTRITION REAUTHORIZATION”), which is primarily financed through the termination of Supplemental Nutrition Assistance Program’s 13.6 percent benefit increase (“HEALTHY, HUNGER-FREE KIDS ACT,” 2011).

### ***Analysis***

HHFKA’s efforts to target schools is well supported in academia, and studies conclude that well-designed, well-implemented school-based programs improve the eating behaviors of young people (“Using the School Environment,” 2002, p. 121). In particular, research finds children who participated in programs like HHFKA have “higher mean intakes of micronutrients, both at mealtime and over twenty-four hours, than those who do not” (Story et

al., 2006, p. 113). This increase in nutrients can combat the previously mentioned consequences of undernutrition, such as decreased intellectual performance. In fact, additional studies show children who participate in these meal programs perform higher on standardized tests, have better school attendance, improved classroom behavior, and are more attentive (Crawford, Gosliner, & Kayman, 2011). HHFKA also effectively promotes equality through the new community eligibility standard, which allows all children in an impoverished district to receive free meals, despite family income. Such standards allow all of a district's students to be on equal terms, with equal access to nutritious food.

Despite these benefits, the act continues to lack adequacy. Although the act aims to decrease obesity in adolescents, the "use of free or reduced-cost meal programs at public schools is positively correlated with children's BMI" (Li & Hooker, 2010, p. 101). The act's success in combatting undernutrition has also contributed to childhood obesity.

## **Policy Recommendations**

### ***1. Promote Exercise***

To combat the correlation between the meal program and increased BMI, legislation should encourage exercise and mandate school sports, recess, and/or gym class. Despite a recent study proving physical activity and healthy snacks can result in a significant body fat reduction (Li & Hooker, 2010, p.102), "40 percent of elementary schools have reduced, deleted, or are considering deleting recess," (Anderson & Butcher, 2006, p. 35) which is one of the only times movement and physical activity occurs in school. If school meals are to be effective at combatting undernutrition *and* obesity, legislation must take a holistic approach, which includes protecting and promoting physical activity.

## *2. Diversity Food Options*

Legislation should also be more flexible with its regulations to ensure all children are responsive and accepting of the change. While some students might oppose the change because they are not accustomed to the taste of healthier foods, students might also have a limited palette due to dietary restrictions or specific cultural practices. Thus, the regulation should be expanded to allow students to select their own nutritionally responsible meals. Such a change could be made by providing multiple fruit or vegetable options during a meal or varying how a food is prepared. Such a change would also encourage students to select only what they will eat as opposed to being given a pre-made plate full of foods they will not touch.

With such a change, food waste could be dramatically limited. In a study done by Harvard School of Public Health, about 60 percent of vegetables served in school meals were thrown away (“New school meal”). If the schools in this study instead allowed students to pick which food they would like (or decline the vegetable for that day), food waste should decline.

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